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CONFIRMATION NO. 7477

Bib Data Sheet

SERIAL NUMBER 10/020,044	FILING OR 371(c) DATE 12/13/2001 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 7594-84879
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** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/21/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>G. K. [Signature]</u> Allowance Examiner's Signature Initials		STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 21 INDEPENDENT CLAIMS 3
ADDRESS 24628				
TITLE PHARMACEUTICAL COMPOSITIONS WITH WOUND HEALING OR ANTI-COMPLEMENTARY ACTIVITY COMPRISING A DEXTRAN DERIVATIVE				
FILING FEE RECEIVED 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	